

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 201 Office of Registrar of Vital Statistics.

Ward 7 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 5<sup>th</sup> 1887

Full Name of Deceased, Ms. Jane E. McCarthy  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female  
{ Cross out the word not required in this line. }

Age, 70 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, Single  
{ Cross out the words not required in this line. }

Occupation, Housekeeper

Birth Place, Charleston S.C.  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, St. Joseph's Hospital  
{ Give Street and Number. }

Cause of Death, Fract. Thigh  
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, 7th June 1887

Undertaker, W. J. Foster & Son Oscar J. Hooker M. D.  
Medical Attendant.

Place of Business, Park & Harary Address, 674 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No.

**A 202**

Office of Registrar of Vital Statistics.

Ward

**15<sup>th</sup>**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

**June 4 1887**

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

**Patience A Foster**

Sex, Male or Female,

{ Cross out the word not required in this line. }

**Female**

Age,

**30**

Years,

Months,

Days.

Color,

**red**

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

**Housewife**

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

**Dorchester Co Md.**

Duration of Residence in the City of Baltimore,

**16 years**

Place of Death,

{ Give Street and Number. }

**102 York St.**

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

**Typhoid fever.**

Duration of Last Sickness,

**4 weeks**

All the above information should be furnished by the Physician.

Place of Burial,

**Laurillard Cemetery**

Date of Burial,

**June 7 1887**

{ Undertaker,

**Wm. Prosser**

**J. M. Gamble**

**M. D.**

Medical Attendant.

{ Place of Business,

**404 E. Calver St.**

Address,

**610 N. Sharp St.**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. **A-203**

Office of Registrar of Vital Statistics.

Ward **8<sup>th</sup>**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, **June 4<sup>th</sup> 1887**

Full Name of Deceased, **Thomas Ellwood**

(Write legibly and spell correctly. If an Infant not named, give names of parents.)

Sex, **Male** or ~~Female~~

(Cross out the word not required in this line.)

Age, **53** Years,

Months,

Days,

Color, **White**

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~

(Cross out the words not required in this line.)

Occupation, **Labour**

Birth Place, **Ireland**

(State or country, and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, **25 years**

Place of Death, **833 Forest St**

(Give Street and Number.)

Cause of Death, **Double Pneumonia**

First (Primary),

Second (Immediate), **Exhaustion**

Duration of Last Sickness, **7 days**

All the above information should be furnished by the Physician.

Place of Burial, **New Cathedral**

Date of Burial, **June 6<sup>th</sup>**

**Geo B Reynolds** M. D.

Undertaker **H. C. Wiedefeld**

Medical Attendant.

Place of Business, **916 Green St**

Address, **711 N Calvert St**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 204 Office of Registrar of Vital Statistics. Ward 19<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 5<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mildred Elizabeth Dunn

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, thirty six Years, — Months, — Days

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } ✓

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Essex Co Virginia

Duration of Residence in the City of Baltimore, about four years

Place of Death, { Give Street and Number. } 1509 West Saratoga Street

Cause of Death, { First (Primary), Imperfect development Second (Immediate), Fracture }

Duration of Last Sickness, all life

All the above information should be furnished by the Physician.

Place of Burial, Essex Co VA

Date of Burial, June 7<sup>th</sup> 1887 noon right M. D.

{ Undertaker, Dunn & Mitchell Medical Attendant. }

{ Place of Business, 550 N. Gay St. Address, 220 N. Light St. }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 205 Office of Registrar of Vital Statistics.

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, June 4 1889

Full Name of Deceased, Maria Dorman

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, Male

Cross out the word not required in this line.

Age, 85

Years, Colored

Months, ✓

Days, ✓

Color, Colored

Married, Single, Widow or Widower, Single

Cross out the words not required in this line.

Occupation, ✓

Birth Place, Maryland

State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, 56 yrs

Place of Death, 244 Montgomery St

Give Street and Number.

Cause of Death, old age

First (Primary), Sthenia

Second (Immediate), ✓

Duration of Last Sickness, ✓

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery

Date of Burial, June 8 1889

Undertaker, E. W. Chase

Place of Business, 641 Howard St

Address, 617 Sharp St

Medical Attendant, ✓

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. **A 206** Office of Registrar of Vital Statistics.

Ward **L**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, **June 5 1887**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **Mary Ellis**

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, **78** Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, **White**

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } **Massachusetts**

Duration of Residence in the City of Baltimore, **20 years**

Place of Death, { Give Street and Number. } **135 S. High St**

Cause of Death, { First (Primary), Second (Immediate), } **Old age**  
**Softening of brain**

Duration of Last Sickness, **18 days**

All the above information should be furnished by the Physician.

Place of Burial, **Mount Olivet Cemetery**

Date of Burial, **June 7<sup>th</sup> 1887**

Undertaker, **Henry H. Means** **E. C. Baldwin** M. D.

Medical Attendant.

Place of Business, **#413 E. Fayette St** Address, **304 n. Exeter**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Board of Health, City of Baltimore

Office of Registrar of Vital Statistics.

Permit No. **A 207**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *June 6 1887*

Full Name of Deceased, *Mary E. Knell* { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *38* Years, *9* Months, *10* Days.

Color, *White*

Married, *Single*, Widow or Widower, { Cross out the word not required in this line. }

Occupation, *Balto., Md.*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *During Life*

Duration of Residence in the City of Baltimore, *227 Myrtle Ave.*

Place of Death, { Give street and number. } *Residence Birth*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Pyæmia*

Duration of Last Sickness, *One Month*

All the above information should be furnished by the Physician.

Place of Burial, *St Alphonsus Cemetery*

Date of Burial, *June 7 1887*

Undertaker, *A Rosenberger*

Place of Business, *61 Park Ave.*

Address, *867 Harlem Ave.*

Medical Attendant, *W. B. Riden, M.D.*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

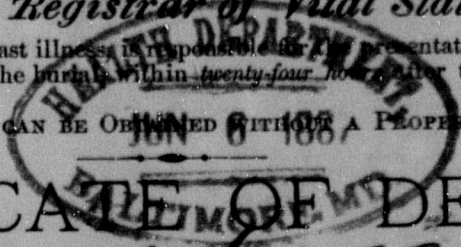
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 208 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, June 3th 1884

Full Name of Deceased, Catherine Williams  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 30 Years, White Months, ✓ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Butcher

Birth Place, Balto. Md  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life time

Place of Death, 2708 Edmond St  
{ Give Street and Number. }

Cause of Death, Phthisis Pulmonalis  
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, June 7. 88

Undertaker, Ed. Williams M. D.

Place of Business, 2826 E. 4th St  
{ Address, }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 209 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 6. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mabel Allen

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, 8 Months,    Days.

Color, r

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,   

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore,   

Place of Death, { Give Street and Number. } 903 Giltton Place

Cause of Death, { First (Primary), Second (Immediate), } Convulsions

Duration of Last Sickness, 48 hrs

All the above information should be furnished by the Physician.

Place of Burial, Trueman Park cem

Date of Burial, June 7<sup>th</sup> 1887

{ Undertaker, J. P. Cook C. W. Neff M. D. Medical Attendant.

{ Place of Business, 1013 N. Baltimore Address, 763 Dr. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. A. 210 Office of Registrar of Vital Statistics.

Ward 17<sup>c</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 5<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Morris Schuman

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 6 Years, 11 Months, 17 Days.

Color, White ✓

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Baltimore Md

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Dying Life

Duration of Residence in the City of Baltimore, 506 Fort ave

Place of Death, { Give Street and Number. } Cerebro-Spinal Meningitis

Cause of Death, { First (Primary), Second (Immediate), } 3 days

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Md

Date of Burial, June 6<sup>th</sup> 87

{ Undertaker, Andrew D. Dwyer } Q. C. Cooke M. D. Medical Attendant.

{ Place of Business, No. 261 & 263 Light St } 704 Fort ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]